



# Work Order Bid (ID)

## WORK ORDER INFORMATION

**Work Order Name:** 13013SH3426

**Work Order Type:** Weatherization

**Audit Name:** 13013SH3426

## CLIENT INFORMATION

**Client ID:** 13013SH3426

## AGENCY INFORMATION

**Agency:** Shelby County Community Services Agency

**Agency Phone:** (901) 222-4280

**Address:** 3772 South Hickory Ridge Mall, Suite 516  
Memphis, TN 38115

**Fax:** (901) 222-4313

**Email Address:**

**Agency Contact:** GAILLARD, GREG

**Work Phone:**

**Cell Phone:**

**Email Address:**

**Company Name & License Number:** \_\_\_\_\_

**Contractor's Signature:** \_\_\_\_\_

## COMMENT

## Measures

Measure 1 Infiltration Redctn		Components	Inspected
<b>Comment</b> SEAL PENETRATIONS KITCHEN SINK			<input type="checkbox"/>
CAULK WINDOW 1			
CAULK WINDOW 2 AND REPLACE BROKEN PANE TOP (38X26)			
CAULK WINDOW 5			
CAULK WINDOW 6			
CAULK WINDOW AND BLOCK AND SEAL A/C WINDOW UNIT			
COMPLETE#7			
REPLACE BROKEN PANE BOTTOM SASH WINDOW 8			
CAULK WINDOW AND REPAIR TOP (LIP) OF WINDOW			
CAULK WINDOWS 10 AND 11			
WEATHERSTRIP AND THRESHOLD FRONT DOOR			
WEATHERSTRIP AND THRESHOLD SIDE DOOR(DEN)			
WEATHERSTRIP ATTIC STAIRS			

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Miscellaneous Su	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

### Field Notes:

**Measure 2 Replace A/C****Components** AC3**Inspected****Comment** REPLACE A/C WINDOW UNIT COMPLETE 24,000 BTU WINDOW 9☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Cooling Equipmen	Window A/C -	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Window A/C -	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:****Measure 3 Replace Htg. System****Components** HT1**Inspected****Comment** REPLACE WALL HEATER COMPLETE SINGLE 35,000 BTU  
(VENT WALL HEATER 15 FT)☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Heating Equipmen	REPLACE WALL HEATER COMPLETE SINGLE 35,000 BTU	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	REPLACE WALL HEATER COMPLETE SINGLE 35,000 BTU	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:**

**Measure 4 Floor Ins. R-19****Components** FD1**Inspected****Comment** 2301 SQ FT.☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fiberglass Batts - R-19	SqFt	2301	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Floor Insulation - Fiberglass Batts - R-19	SqFt	2301	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:****Measure 5 CO Monitor is Needed****Components****Inspected****Comment** INSTALL 2 CO.MONITORS☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	CO monitor	Each	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:**

Measure 6 PressureRelief Piping Needed				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Pressure relief piping	Each	1					
2	Labor	Pressure relief piping	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 7 Vapor Barrier Needed (Basement/Crawlspace)				Components				Inspected	
Comment 2301 SQ FT.									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Basement / crawlspace vapor barrier	SqFt	2301					
2	Labor	Basement / crawlspace vapor barrier	SqFt	2301					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Work Order Grand Total:

Grand Total: